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Bib Data Sheet

CONFIRMATION NO. 6541

<b>SERIAL NUMBER</b> 10/083,810	<b>FILING OR 371(c) DATE</b> 02/27/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 1001.1495101
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/272,657 03/01/2001 *Go*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none Ob*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/20/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> <del>20</del> 12	<b>INDEPENDENT CLAIMS</b> <del>7</del> 2
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**ADDRESS**  
28075

**TITLE**  
Intravascular filter retrieval device having an actuatable dilator tip

<b>FILING FEE RECEIVED</b> 1368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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